

State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22. REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/06/2015

Business ID: 6286

William M. Gardner

Secretary of State

AWANE, INC. ADDRESS OF PRINCIPAL OFFICE: **PO BOX 838** 2-4 MAIN STREET PETERBOROUGH, NH 03458 PETERBOROUGH, NH 03458 ENTITY TYPE: CORPORATION REGISTERED AGENT AND OFFICE: BUSINESS ID: 6286 FRINK, ANNE-MARIE STATE OF DOMICILE: NEW HAMPSHIRE **4 MAIN STREET** AUTOMOTIVE AFTERMARKET SERVICE CORPORATION PETERBOROUGH, NH 03458 If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information. The new mailing address 2 The new principal office address PO Box is acceptable. **OFFICERS** BOARD OF DIRECTORS NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE). A B (MUST LIST AT LEAST ONE DIRECTOR BELOW) (MUST LIST AT LEAST ONE OFFICER BELOW) TREAS. Anne Marie Frink DIR. Philip B Healy STREET 4 Main Street STREET 4 Main Street CITY/STATE/ZIP Peterborough Nh 03458 CITY/STATE/ZIP Peterborough Nh 03458 NAME NAME STREET STREET CITY/STATE/ZIP CITY/STATE/ZIP NAME NAME STREET STREET CITY/STATE/ZIP CITY/STATE/ZIP NAME NAME STREET STREET CITY/STATE/ZIP CITY/STATE/ZIP NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED To be signed by an officer, director, or any other person authorized by the board of directors. I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief. Sign here: Anne Marie Frink Please print name and title of signer: TREASURER **Anne Marie Frink** NAME TITLE



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FEE DUE: \$100.00

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

E-MAIL ADDRESS (OPTIONAL):